MOTION FOR AWARD OF FEES AND DISBURSEMENTS

STATE OF MAINE WORKERS' COMPENSATION BOARD 27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:		` ,			7. WCB FILE NUMBER:		
2. EMPLOYER NAME:	XXX-XX- 8. EMPLOYEE LAST NAME:		9. FIRST NAME: 10. M.I.:				
2. LIVIFLOTER NAIVIL.	6. LIVITEOTEE EAST NAIVIE.		9. FIRST NAME.		10. W.I		
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:						
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME P	HONE:		
F. INCLUDED MAILING ADDRESS.	AC DATE OF INJUDY.	47 DECODID	TION OF IN ILID	<i>'</i>			
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIP	TION OF INJURY	r:			
18. REASON FOR MOTION: (CHECK ALL THAT APPLY)							
AWARD OF ATTORNEY'S FEES AND/OR DISBURSEMEN	ITS (ATTACH ITEMIZED STATEME	ENT INDICATING D	ATES COVEREI	D BY THIS MOTIO	N)		
AWARD OF WITNESS FEES							
OTHER (EXPLAIN)							
19. AMOUNTS REQUESTED:	20. PAYMENT	TO BE MADE TO:					
ATTORNEY'S FEES: \$							
DISBURSEMENTS: \$			NAME				
WITNESS FEES: \$					_		
OTHER: \$		ST	REET ADDRESS	5			
TOTAL: \$		TY, STATE, ZIP		<u>—</u>			
CERTIFICATION A	ND SIGNATURE (Motio	n Must Be Si	gned)				
21.							
l, for the employer, (or, if there was no legal representation,	, hereby certify that I had directly upon the opposing part	ave caused a cop	y of this motior	n to be served u	pon counsel		
at		AA(Name)			States		
(Address) mail, postage prepaid.	, · · · ·	(Date)				
Signature	Date						
oignaturo							
	ORDER						
22. THE EMPLOYER/INSURER IS ORDERED TO PAY AS FOLLOWS:	THE PAYEE NAMED ABOVE	THE SUM OF \$					
\$F	FOR ATTORNEY'S FEES						
\$F	R DISBURSEMENTS						
\$ F	FOR WITNESS FEES	R WITNESS FEES					
\$	OTHER PAYMENTS						
Hearing Officer		Dat	e				

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.